State of Wisconsin Department of Natural Resources Box 7921, Madison, WI 53707-7921 dnr.wi.gov

Brownfield Site Assessment Grant Application

Form 4400-217 (R 8/06)

Page 1 of 6

Notice: Use of this form is required by the DNR for any application filed pursuant to ch. NR 168, Wis. Adm. Code. Personally identifiable information collected will be used for grant administration and will also be accessible by request under Wisconsin's Open Records law [ss. 19.31 - 19.69, Wis. Stats.]. Applications must be complete in order to be processed.

For complete application instructions, see "2006-2007 Brownfields Site Assessment Grant Round 8 Application Instructions" publication number RR-678, which is available on the DNR's website: dnr.wi.gov/org/aw/rr.

This application is a:		DNR Use Only					
Small Grant Request (\$2,000 to \$30,000)	Region	Application Number	umber				
☐ Large Grant Request (\$30,001 to \$100,000)							
Submit two copies of the application and all atta	achments.						
Section 1: Applicant Information							
Applicant Name		County					
Address	City	State	ZIP Code				
Authorized Representative	Title	I	Telephone Number				
Contact Person	Title	Те	Telephone Number				
E-Mail Address	Fax Number						
Type of Eligible Applicant							
County Village Tribe		Community Development Author	rity under s. 66.1335				
City Town Redevelopment	Authority under s. 66.1333	Housing Authority					
Primary Consulting Firm or Contractor, if applicable		Check if additional nar	mes are attached.				
Contact Person	Title	Title Telephone N					
Address	City	State	State ZIP Code				
E-Mail Address	Fax Number	Fax Number					
Section 2: General Project Information							
Materials in support of this section should be labeled A	ttachments 1 and 2.						
1. Project Name:							
a. Is this application a request for multiple contiguous pro	operties? Yes No						
b. If yes, how many properties are included in the project	?						
Separate copies of pages 2 and 3 of this application m	nust be filled out and submitted for	each individual property included i	n the grant request.				
 Using no more than one sheet of paper labeled Attachmer to carry out and the proposed end use of the property, if kn local governmental unit or a non-profit organization to supp 	nown. Explain whether the property	will be used by the general public					
Identify the type and estimate the number of activities the ademolish with Site Assessment Grant funds and pledged r		number of items the applicant pla	ns to remove or				
Phase I Environmental Assessment	Phase	e II Environmental Assessment					
NR 716 Site Investigation	Buildir	ngs or other improvements					
Underground petroleum storage tanks (USTs)) Above	eground petroleum storage tanks	(ASTs)				
Underground hazardous substance storage to	anks (USTs) Above	eground hazardous substance sto	rage tanks (ASTs)				
 Provide recent, dated and labeled photograph(s) of the site 		doned containers					

Brownfield Site Assessment Grant ApplicationForm 4400-217 (R 8/06) Page 2 of 6

* An individual grant request that includes more than one property must complete pages 1, 4, 5 and 6 one time for the entire grant request. A separate copy of pages 2 and 3 must be completed and submitted **for each property** included in the grant request.

Se	ection 3: General Site of Faci	lity in	ormation						
idle	eligible site or facility is "one or m e, or underused, the expansion or 2.75(1)(a), Wis. Stats.)	ore cor redeve	ntiguous industrial or co lopment of which is adv	mmercial ersely aff	facilities or sites with common or mulected by actual or perceived environ	ıltiple owne mental con	rship th	nat are abandoned, tion." (s.	
If t	his is a multiple contiguous proper	ty gran	t request*, this is parce						
Na	me of Site / Facility				Street Address of Site / Facility				
Co	punty				City		State	ZIP Code	
Siz	ze of Site in acres (1 acre = 43,56	0 ft²)	State Assembly Distric	ct #	Population of City, Town or Village	where the	site or	facility is located	
Kn	own or Suspected Sources / Wast	es - I	ndicate if the sources o	f contami	nation or wastes are Known "K" or Si	uspected "S	S":		
_	_ Foundry Sand	5	Surface Spills	_	Routine Industrial Operations	Trai	nsform	er	
_	_ Dumping or Buried Drums	E	Burning of Materials	_	Underground Pipeline or Tank	Abo	Aboveground Pipeline or Tank		
	_ Contaminated Building	1	ndustrial Accident	_	Lagoon	Fly	Fly Ash		
	Other:								
Pa	st Land Uses of Site / Facility - Ir	ndicate	if the sources of contain	mination o	or wastes are Known "K" or Suspecte	ed "S":			
	_ Service Station		gricultural Co-op.	_	Salvage Yard	Pipe	eline		
	Coal Gas Manufacturer	E	Electroplater	_	Manufacturing	Dry	Clean	er	
	_Bulk Plant	1	annery	_	Landfill	Unk	nown		
_	Other:								
Se	ection 4: Site or Facility Infor	matio	n – Contamination	and Its	Causer				
Ma	aterials in support of this section	n sho	uld be labeled Attacl	nment 3.					
1.	Check any of the following activit	ies tha	t have been conducted	on the sit	e or facility. List the dates the activitie	es occurred	i.		
	Phase I Environmental Asse	essmer	nt 🔲 P	hase II E	nvironmental Assessment	NR 71	Site I	nvestigation	
	Date:		D	ate:		Date: _			
	Other information about pos	sible c	ontamination at the sit	e or facili	ty:				
	Date:				, <u> </u>				
2.	Has environmental contamination					Yes		No Inconclusive	
	a. If yes, what contaminants are	know	n to be present?						
	b. Has the DNR ever been notif	ied of t	he discharge of a haza	rdous sub	ostance?	Yes		No	
	If yes, when?		DNR	BRRTS N	lumber (if known):				
					e property use and redevelopment. If ted? Explain here or as part of Attac		mental	contamination has	
rec suf que me 3.	quest is unknown, cannot be locate fficient information so the department of the second what documentation set. If there is not sufficient information but the applicant cause the environment of the applicant know who cause the applicant know who ca	ed or is ent can nould b aation onmen used th reache son(s)	financially unable to pa make a determination. the provided. In Attachma included with this app tal contamination that is d in Attachment 3. If n who caused the contamination that	ay the cos Refer to lent 3 provolication, s the basis o, procee mination to	for the grant application? d to Section 5 after completion of hat is the basis for the grant	olicant's res information o demonstr	ponsibi about ate tha on to b	lity to provide how to answer these t this requirement is e ineligible.	
6.	Attachment 3. Is the person(s) who caused the	contan	nination financially able	to pay for	the activities listed in this	∏ _{Vec}	П,	No Unknown	
	application? Explain the basis fo	r this c	onclusion as part of Att	tachment	3.	— 162	ш'	TO LINIOWII	

Brownfield Site Assessment Grant ApplicationForm 4400-217 (R 8/06) Page 3 of 6

Section 5: Scoring Information – Part 1								
Materials in support of this section should be labeled Attachments 4 and 5.								
1.	□ _{Yes} □ _{No}							
2.	 Does a local governmental unit have title to the site or facility? (20 points) If yes, how was the property acquired? Check all that apply. 							
	Purchase Bankruptcy Escheat							
	Condemnation L Tax Deed L Stewardship Funds L Other:							
3.	Delinquent Property Taxes (5 points if conditions "a", "b", or "c" are true)							
	a. If site or facility is owned by a local governmental unit, was the property tax delinquent at the time it was acquired by a local governmental unit?	Yes No						
	b. If the site or facility is privately owned, is the property currently tax delinquent?	Yes No						
	c. If the site or facility is privately owned, was the property tax delinquent within the last 5 years?	☐ Yes ☐ No						
	d. If "yes" was selected for "a", "b", or "c", provide Tax Parcel Number:							
	and most recent Tax Certificate Number:							
4.	If the property is not owned by a local governmental unit, has the applicant or another local governmental unit initiated the formal acquisition process? (10 points)	Yes No						
	List the date(s) and action(s) that the applicant has taken to initiate the formal acquisition process here:							
	(4)							
5.	Does the applicant currently have legal and physical access to the site or facility to carry out <u>all</u> the activities listed in grant application?	this Yes No						
No	te: If the Department notifies the applicant that funds have been reserved, the applicant must obtain legal and physical	al access to the site or						
	cility to carry out all proposed grant activities, and provide the Department with documentation within 60 calendar days							
6.	Who currently owns and holds title to the site or facility?	_						
7.	List any uses of the site or facility at the time the application is submitted (pubic parking, equipment storage, occupie small business, etc.)?	d residence, manufacturing,						
8.	At the time the application is submitted is the site or facility vacant or abandoned? (10 points)	Yes No						
9.	If yes, how long has the site or facility been vacant or abandoned?							
10	Is there a school, park, or residence within 500 feet of the site or facility? Include an area map at a scale that shows the location of these items and the site or facility as <i>Attachment 4</i> . (15 points)	Yes No						
11	. Potential impacts to drinking water wells: (15 points if condition "a" or "b" apply)							
	a. Is the site or facility located within a source water protection area for a community or nontransient noncommunity water system with a groundwater source, or within 600 feet of a transient noncommunity supply well used for potable purposes?	ONR staff will check this.						
		Yes No						
12	. Will the site or facility that is the basis for the grant application be used by the general public and be owned by a local governmental unit or a non-profit organization? (5 points)	Yes No						
No	te: Explain how the site will be used in Attachment 1. See Section 2, question 3.							
13	Are there hazards and/or contamination present that are readily accessible to the public? At least one condition from conditions in part "b" must be met in order to qualify for the points. Provide an explanation and/or evidence (e.g., pho each item checked. This explanation must be written and included as Attachment 5. Check all that apply. (15 points)	otos, sampling data, etc.) for						
На	zards: a. Structure or building is unstable or unsafe.							
	Drums or other aboveground containers containing hazardous substances are present.							
	Confirmed (by sampling and analysis) contamination is present in the top six inches of soil.							
	Other public health hazards are present. Be sure to identify and explain the hazards in <i>Attachment 5.</i>							
Ac	b. The hazard and/or environmental contamination that are identified above are readily accessible to the position to the hazards or contamination in <i>Attachment 5</i> as indicated above. The recent dated and labeled photoshould indicate the accessibility to hazards or contamination.							
	The applicant has taken actions to limit public access to the hazard or contamination on the site or facil what actions the applicant took to limit access and indicate when those actions were taken	ity. In Attachment 5, explain						

Brownfield Site Assessment Grant Application

Form 4400-217 (R 8/06)

Page 4 of 6

Se	ction 6:	Scoring I	nformation – Part 2							
Ма	terials i	n support c	f this section should be labeled A	ttachment 6.						
 Past Expenses. Since 1/1/1990, has a local governmental unit spent funds at this site or facility for grant eligible activities listed at the bottom of the Past Cost Worksheets in Section 7 (items 1-8 only)? 								No Unknown		
	If yes, how much? (5 point if more than \$2000 have been incurred + 1 point per \$3,000 up to 10 points)									
	List pa	st costs ir	the worksheet provided in Sec	tion 7.						
	Note: Provide one copy of paid invoices for all such costs, as <i>Attachment 6</i> . Total past costs from the worksheet in Section 7 should be the same as the total in Question 1 of this section. Do not include costs that have been reimbursed by other state or federal funds, or costs pledged as matching funds for SA grants awarded in prior cycles.									
2.	Past Costs. Have any of these past costs been or will be reimbursed by any grant or reimbursement program such as the Agricultural Chemical Cleanup Program, PECFA, etc., or have been pledged as matching funds for previous SAGs awarded for this site/facility?									
3.	Future Expenses. Provide the pledged grant match percentage from Line 15, Column B in Section 8. (1 point per each additional 4.00% of matching funds in excess of the minimum 20.00%, up to a maximum of 20 points)									
4.		• • •	vish to use its one-time bonus points on t is eligible for a one-time bonus for g		,	ations. small and	Yes I	No		
_	If an app applicati	olicant has u ion, then the	sed bonus points for an application in bonus points cannot be used for this	a previous round of grants ar	nd acc	epted an award fo	r that			
			s Worksheet							
sin	ce 1/1/19	90. A copy of	by listing the amounts of all paid involved the paid involved or other documentation ted on this table and supported by do	n of past costs must be submi	itted in					
Date of Invoice		Invoice Number	Contractor/ Payee	Expendit Categor (see list be	у	Total Invoice Cost	Amount Paid by State or Federal Grant or Reimbursement Program or Past SAG Match (see question 2)	Amount to Count as Past Costs for this		
_										
_										
						Total Bact Com	oncoc For SAC			
"Ex	penditu	re Category	" should indicate for each invoice or o	cost listed above which of the	followi		enses For SAG es apply to the cos	ts. Include all		

- 1. Phase I Environmental Assessment
- 2. Phase II Environmental Assessment
- 3. Ch. NR 716 Site Investigation
- 4. Demolition

categories that apply:

- 5. Asbestos Abatement associated with demolition6. Abandoned Container Removal and Disposal
- Hazardous Substance Storage Tank Removal and Disposal (USTs & ASTs)
 Petroleum Product Storage Tank Removal and Disposal (USTs & ASTs)

Brownfield Site Assessment Grant Application

Form 4400-217 (R 8/06)

Page 5 of 6

Section 8: Proposed Budget

Complete the table. Leave the shaded boxes blank.

Column B should include the sum of cash and the estimated value of in-kind services that will be provided as matching funds.

Note: The costs listed in this table must be <u>incurred and paid for during the grant period</u> in order to be eligible for reimbursement or as match. The grant period is 12 months from the date that the department signs the grant agreement. Costs that have already been incurred (past costs) should not be included in this table.

Activity or Expense				A. Grant Request	B. Match					
1.	Phase I Environmental Assessment									
2.	Phase II Environmental Assessment									
3.	Ch. NR 716 Site Investigation									
4.	Demolition									
5.	Asbestos Abatement associated with demolition									
6.	Abandoned Container Removal and Disposal									
7.										
8.										
 9.	Total Grant Request	,								
	ms 10, 11, 12 and 13 count as match if paid during	the grant period.								
	Payment or Cancellation of Delinquent Taxes	y and grain polical								
	Acquisition Costs (other than legal fees)									
12. Site Maintenance or Security										
13. Other Remediation Activities (specify)										
14.	Total Match - Total of lines 1 through 13, Colur									
percentage is 20.00% of the Total Grant Request shown on Column A, line 9. 15. Pledged Grant Match Percentage - Divide Column B, line 14 by Column A,										
10.	line 9. (Minimum of 20.00% of Total Grant Request) An applicant that pledges more than the required 20% shall be responsible for providing that same pledged grant match percentage of the total final cost.									
Se	ction 9: Additional Information									
1.	Do the persons who will conduct professional services and carry out the grant activities for the applicant have the necessary legal, managerial and/or technical qualifications to do so?									
2.	Have any other state and/or federal funds, or other aid, been applied for, awarded, or spent at the site or facility?									
If yes, list below the funds that the applicant or other local governmental unit has applied for, been awarded or spent on this property. Include the type of funds, date applied, spent or awarded, and the purpose of these funds. This includes reimbursement programs, such as PECFA, Agricultural Chemicals Cleanup Program, and Dry Cleaner Environmental Response Program.										
	Type of Funds	Date Applied		Purpose						

Brownfield Site Assessment Grant ApplicationForm 4400-217 (R 8/06) Page 6 of 6

Se	ction 9: Additional Information, continued								
3. Does the applicant believe that the cleanup and investigation of the site or facility would be eligible for reimbursement from the PECFA (Petroleum Environmental Cleanup Fund Act) program? Yes No									
Note: An applicant may not use SAG funds to pay for site investigation (ch. NR 716) costs if the site or facility would qualify for funding under PECFA.									
4.	Provide a detailed map that shows the location of the site or facility as Attachment 4. In addition, the map should indicate the proximity of the site(s) or facility(ies) to schools, parks, residences, or private wells in order to qualify for the points under Section 5, Questions 10 and 11b. This attachment is required for all applications regardless of whether you qualify for the points for these questions.								
5.	Include as <i>Attachment 7</i> , a municipal resolution that authorizes the submittal of the application, designates the authorized representative, commits the applicant to complete the activities listed in this application and to maintain appropriate records, and grants the Department access to the site or facility and grant records. See page 14 of the instructions for a sample resolution.								
	Note: A copy of the signed and approved resolution must be subremental the application due date.	mitted no later than 30 da	ays after						
Se	ction 10: Certification								
l ce	ertify that information in this application and all its attachments are true	and correct and in confo	rmity with applic	able Wisc	onsin Sta	atutes.			
Prii	nt / Type Name of Authorized Representative	Title of Authorized Repre	esentative						
Sig	nature of Authorized Representative		Date Signed						
Se	ction 11: Summary of Attachments								
	achments 1, 2, 3, 4, and 7 must be included for the application to be cons								
	achments 5 and 6 are necessary to qualify for point awards in Sections 5								
For	r more information on each attachment, see the section and question nun	nber shown in brackets wh	ich refer back to	the applic	ation sec	tions.			
	Attachment 1. Description of project and proposed use of site. [Section 2: Q3; Section 5: Q12]								
	Attachment 2. Recent dated and labeled photos of site that show the location of structures and improvements. [Section 2: Q5; Section 5: Q13]								
	Attachment 3. Explanation of the contamination status of the site or facility and any information or efforts to locate and determine the causer's ability to pay for grant activities. [Section 4: Q2c, Q3, Q4, Q5, Q6]								
	Attachment 4. Map (no larger than 11x17") that shows the location of the site or facility. To qualify for points, the map should indicate the proximity of the site or facility with respect to any schools, parks, residences or private drinking water supplies. [Section 5: Q10 & Q11b]								
	Attachment 5 or written on form. Explanation of the conditions and circumstances that support the conclusion that hazards or environmental contamination exist at the site or facility and are readily accessible to the public. Explanation of actions the applicant has taken to limit access to hazard or contamination should also be included. [Section 5: Q4]								
	Attachment 6. One copy of paid invoices of all costs that the applicant Costs Worksheet on page 4. [Section 6: Q1; Section 7]	paid since 1/1/1990 for an	y activity or exp	ense listed	in Past				
	Attachment 7. Copy of the municipal resolution. [Section 9: Q5]								
	Copy of resolution is attached.								
	Copy of resolution will be submitted within 30 days	of application due date.							